2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000051833

7/13/.

FILED Jul 29, 2004 8:00 am Secretary of State 07-13-2004 90001 004 ***150.00

FLORIDA	OBESITY	SURGICAL ASS	OCIATES, P.A.								
Principal Place of Business 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 33541-4325 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 33541-4325						გიყანია -					
2. Principal Pi	lace of Busines	88	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			06302004	Chg-P	CR2E0	134 (10/03)		
City & State	9 4		City & State			4. FEI Numbe	-1170679			oplied For ot Applicable	
Zip	Country Zip Court			Country			of Status Desired	<u> </u>	\$8.75 Ad Fee Require		
	6. Name a	nd Address of Current	Registered Agent		<u> </u>	7Name and	Address of New Re	egistered .	Agent	ا بــــــــــــــــــــــــــــــــــــ	
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MURPHY, DAVID J ESQ. 14217 THIRD ST.					Street Address (P.O. Box Number is Not Acceptable)						
≈DADE CIT	Y, FL 3352	3	***************************************								
					ity	FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept					
	named entity tions of register		r the purpose of changing its	s registered o	mce or register	red agent, or bot	n, in the State of Fio	nda.læπi	ramiliar with	, and accept	
SIGNATURE_	Signeture, lyped or	printed name of registered agent	and site if applicable, (NOI	TE: Registered Age	ni signature required	d when reinstating)		DATE			
Eli		FEE IS \$150.00	9. Election Campa	ion Encodes	\$ 5		•	•			
		ember 8, 2004	Trust Fund Con			.00 May Be led to Fees	In accordance w corporation did	vith s. 607 not receiv	193(2)(b), e the prior	F.S., the notice.	
Di			Trust Fund Con			led to Fees	In accordance v corporation did of CHANGES TO OFFI	not receiv	e the prior	notice.	
10.	ue by Sept	ember 8, 2004	Trust Fund Con	tribution.		led to Fees	corporation did	not receiv	DIRECTOR	notice. IS IN 11	
10.	ue by Sept	OFFICERS AND	Trust Fund Con	11.		led to Fees	corporation did	not receiv	e the prior	notice.	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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p. Deossbord. M.D.

07/01/2004

813-188-5569